

A RESOLUTION

BY PUBLIC SAFETY & LEGAL ADMINISTRATION COMMITTEE

01- R -1856

**A RESOLUTION AUTHORIZING THE
SETTLEMENT OF THE CLAIM OF CHARLIE
MAE WALKER IN THE AMOUNT OF
\$18,162.98 AGAINST THE CITY OF ATLANTA**

WHEREAS, CHARLIE MAE WALKER, has filed a claim against the City of Atlanta seeking damages for bodily injuries arising out of a fall on an uneven section of sidewalk that existed in an unsafe condition; and

WHEREAS, the Street Division failed to keep the sidewalk located at Memorial Drive and Washington Street in a safe condition for travel in the ordinary mode; and

WHEREAS, the defect in the sidewalk existed for such a length of time that the City in the exercise of ordinary diligence should have discovered and remedied it; and

WHEREAS, the construction and maintenance of public roads and sidewalks is a ministerial function and therefore this claim is not subject to a defense of sovereign immunity under the laws of the State of Georgia; and;

WHEREAS, the claimant has asserted damages in the amount of \$50,000.00 and has agreed to accept the sum of \$18,162.98 in full and complete satisfaction and settlement of her claim against the City of Atlanta; and

WHEREAS, the City Attorney has recommended that the claim of CHARLIE MAE WALKER, be settled for the sum of \$18,162.98.

THEREFORE, BE IT RESOLVED that the Council of the City of Atlanta, Georgia that \$18,162.98 be paid by the City of Atlanta to CHARLIE MAE WALKER, in satisfaction of any and all claims she may have stemming from bodily injuries sustained to her on or about March 18, 1999 at Memorial Drive and Washington Street and that the City Attorney prepare appropriate releases.

BE IT FURTHER RESOLVED that the Chief Financial Officer is hereby authorized to pay the above mentioned sum from account number 1A01/529017/T31001.

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0407

Date: October 31, 2001

Claimant /Victim CHARLIE MAE WALKER
BY: (Atty) (Ins. Co.) _____
Address: 1575 Ferno Drive, NW, Atlanta, Georgia 30318
Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ 50,000.00
Date of Notice: 6/29/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) X
Date of Occurrence 3/18/99 Place: Memorial Drive & Washington Street
Department PUBLIC WORKS Division _____ Street _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant sustained extensive bodily injuries when she tripped and fell on an uneven section of sidewalk resulting in a fractured knee. An investigation determined that the defect had existed for some time and the City failed to correct the condition.


INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

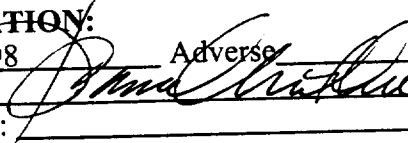
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 18,162.98 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-02-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6/26/99

BURNS
07/06/99

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 0 property and/or \$ 100,000 bodily injury for which I contend the City is liable.

1. Date of incident: 3/18/1999 2. Time of Incident: 1PM + 2PM 3. Police called: 911
(month/day/year) Yes No

4. Location of incident (including street address): Memorial Dr. Between Washington & Capital

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: The sidewalk connect and had stood up and my foot got caught. my left foot I could not catch myself. I fell and broke my knee. I had parked my car on on my way to Trinity Ave.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: A Lady stoped in a truck and call 911. Her husband
(Name) (Address) (Telephone Number)
Called and found my daughter. They worked for the Bank of America

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Charlie Mae Walker
Signature of Claimant

Charlie Mae Walker
(Print Claimant's Name)

1575 Ferno Dr NW
(Address)

Atlanta Ga. 30318
(City, State and Zip Code)

404 792-0890
(Work Number) (Home Number)